

poor performance of AIDS Control programme and alarming increase of HIV positive cases in India; and

(d) if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]: (a) Yes, Sir. National AIDS Control Organisation has directly financed a number of NGOs. In addition, a number of targeted interventions have also been taken up by the State/UT AIDS Control Societies.

(b) Two statements indicating funds sanctioned by NACO directly and those sanctioned through State/UT AIDS Control Societies are given in the Annexure. [See Appendix 190, Annexure 34]

(c) No, Sir.

(d) In view of reply to (c) above, question does not arise.

#### Medical Facilities for Cancer Patients

2229. SHRI SWARAJ KAUSHAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the number of cancer patients in the country; how many deaths occurred in the last three years, year-wise;

(b) what is the average cost of treatment of cancer; and

(c) what Government are doing to provide facilities for treatment and make it affordable?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERMA]: (a) The information about occurrence of cancer and deaths is not being routinely collected in India. The information about incidence rates of cancer is available through population based cancer registries functioning under the National Cancer Registry Programme of ICMR. Based on the data from these registries, it has been estimated that in the year 2001, an estimated 8.06 lakhs persons are expected to develop cancer in the country. Also based on the data from Bombay Population Based Cancer Registry, an estimated 3.9 lakh persons died in India due to cancer in 1996.

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(b) the modalities of treatment of cancer are radiotherapy/surgery and chemotherapy. Quite often more than one modality is used for treatment of cancer. The average expenditure for treatment of cancer patients may range between Rs. 15,000 to 4.5 lakhs depending upon the type of treatment given.

(c) Under the NCCP the Government has started schemes mentioned below for early detection, creating awareness and treatment of cancer.

(i) Upgradation of Regional Cancer Centres in various States/UTs.

(ii) Development of Oncology Wing in identified Medical Colleges/Hospitals.

(iii) Setting up of Cobalt Therapy facilities in various parts of the country.

(iv) District Cancer Control Project.

(v) Financial assistance to NGOs for early detection and awareness activities.

It may also be noted that in Government hospitals/medical colleges/Government supported Regional Cancer Centres, a large number of patients are either being treated free of cost or at a nominal charges for diagnostic and therapeutic procedures involved in cancer treatment as compared to the private or corporate hospitals.

#### **Upgrading CGHS Facilities**

2230. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of CGHS beneficiaries per Medical Officer and Specialist doctors in Delhi, separately;

(b) the position in this regard over the year 2000-2001, as compared to 1999-2000;

(c) whether Government are aware that local CGHS dispensaries cater to elementary ailments only and slightly complicated cases are referred to hospitals; and